MILLWAY HEALTHCARE LLC 8534 WEST MILL ROAD

MILWAUKEE 5322	Phone: (414) 353-2300		Ownership:	Limited Liability Company
Operated from 1/1 To	12/31 Days of Operation:	365	Highest Level License:	Skilled
Operate in Conjunction	n with Hospital?	No	Operate in Conjunction with CBRF?	No
		68	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Car	pacity (12/31/02):	81	Title 19 (Medicaid) Certified?	Yes
Number of Residents or	n 12/31/02:	62	Average Daily Census:	62
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Services Provided to Non-Residents		Age, Sex, and Primary Diagn	Length of Stay (12/31/02)	ଚ				
Home Health Care	No	Primary Diagnosis	%	 Age Groups	% %	Less Than 1 Year	30.6	
Supp. Home Care-Personal Care	No					1 - 4 Years	43.5	
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	9.7	More Than 4 Years	25.8	
Day Services	No	Mental Illness (Org./Psy)	19.4	65 - 74	17.7			
Respite Care	No	Mental Illness (Other)	8.1	75 - 84	48.4		100.0	
Adult Day Care	No	Alcohol & Other Drug Abuse	1.6	85 - 94	17.7	*********	******	
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	1.6	95 & Over	6.5	Full-Time Equivalent	:	
Congregate Meals No		Cancer		0.0		Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	0.0		100.0	(12/31/02)		
Other Meals	No	Cardiovascular	17.7	65 & Over	90.3			
Transportation	No	Cerebrovascular	17.7			RNs	9.2	
Referral Service	No	Diabetes	9.7	Sex	용	LPNs	17.7	
Other Services	No	Respiratory	8.1			Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	16.1	Male	43.5	Aides, & Orderlies	42.9	
Mentally Ill	No	1		Female	56.5	i i		
Provide Day Programming for		İ	100.0					
Developmentally Disabled	No	İ			100.0	I		
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Method of Reimbursement

		edicare			edicaid			Other			Private Pay	:	:	Family Care			anaged Care			
Level of Care	No.	90	Per Diem (\$)	No.	90	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	90	Per Diem (\$)	No.	0/0	Per Diem (\$)	No.	90	Per Diem (\$)	Total Resi- dents	
Int. Skilled Care	0	0.0	0	3	6.0	141	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	3	4.8
Skilled Care	1	100.0	409	44	88.0	121	1	50.0	133	0	0.0	0	7	100.0	121	0	0.0	0	53	85.5
Intermediate				3	6.0	100	1	50.0	110	2	100.0	129	0	0.0	0	0	0.0	0	6	9.7
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	1	100.0		50	100.0		2	100.0		2	100.0		7	100.0		0	0.0		62	100.0

MILLWAY HEALTHCARE LLC

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Admissions, Discharges, and	1	Percent Distribution	of Residents'	Condit	ions, Services,	and Activities as of 12/3	31/02
Deaths During Reporting Period	1						
					% Needing		Total
Percent Admissions from:		Activities of	%	As	sistance of	% Totally	Number of
Private Home/No Home Health	9.4	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent 1	Residents
Private Home/With Home Health	11.5	Bathing	1.6		83.9	14.5	62
Other Nursing Homes	8.3	Dressing	11.3		72.6	16.1	62
Acute Care Hospitals	65.6	Transferring	25.8		59.7	14.5	62
Psych. HospMR/DD Facilities	3.1	Toilet Use	12.9		71.0	16.1	62
Rehabilitation Hospitals	1.0				17.7	14.5	62
Other Locations	1.0 *	******	*****	*****	****	******	*****
Total Number of Admissions	96	Continence		%	Special Treat	ments	90
Percent Discharges To:		Indwelling Or Extern	al Catheter	8.1	Receiving Re	espiratory Care	1.6
Private Home/No Home Health	15.8	Occ/Freq. Incontinen	t of Bladder	71.0	Receiving T	racheostomy Care	0.0
Private Home/With Home Health	9.5	Occ/Freq. Incontinen	t of Bowel	72.6	Receiving St	uctioning	0.0
Other Nursing Homes	3.2				Receiving Os	stomy Care	1.6
Acute Care Hospitals	50.5	Mobility			Receiving T	ube Feeding	6.5
Psych. HospMR/DD Facilities	2.1	Physically Restraine	d	0.0	Receiving Me	echanically Altered Diets	32.3
Rehabilitation Hospitals	0.0						
	2.1				Other Resident	t Characteristics	
Deaths	16.8	With Pressure Sores		12.9		e Directives	100.0
Total Number of Discharges	1	With Rashes		0.0	Medications		
(Including Deaths)	95				Receiving Pa	sychoactive Drugs	41.9

		Ownership:		nership: Bed Size:			ensure:		
	This	Prop	Proprietary Peer Group % Ratio		-99	Ski	lled	Al	1
	Facility	Peer			Peer Group		Peer Group		lities
	90	90			Ratio	엉	Ratio	96	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	76.5	81.9	0.93	86.7	0.88	84.2	0.91	85.1	0.90
Current Residents from In-County	90.3	83.1	1.09	90.3	1.00	85.3	1.06	76.6	1.18
Admissions from In-County, Still Residing	16.7	18.8	0.89	20.3	0.82	21.0	0.79	20.3	0.82
Admissions/Average Daily Census	154.8	182.0	0.85	186.6	0.83	153.9	1.01	133.4	1.16
Discharges/Average Daily Census	153.2	180.8	0.85	185.6	0.83	156.0	0.98	135.3	1.13
Discharges To Private Residence/Average Daily Census	38.7	69.3	0.56	73.5	0.53	56.3	0.69	56.6	0.68
Residents Receiving Skilled Care	90.3	93.0	0.97	94.8	0.95	91.6	0.99	86.3	1.05
Residents Aged 65 and Older	90.3	87.1	1.04	89.2	1.01	91.5	0.99	87.7	1.03
Title 19 (Medicaid) Funded Residents	80.6	66.2	1.22	50.4	1.60	60.8	1.33	67.5	1.20
Private Pay Funded Residents	3.2	13.9	0.23	30.4	0.11	23.4	0.14	21.0	0.15
Developmentally Disabled Residents	0.0	1.0	0.00	0.8	0.00	0.8	0.00	7.1	0.00
Mentally Ill Residents	27.4	30.2	0.91	27.0	1.02	32.8	0.84	33.3	0.82
General Medical Service Residents	16.1	23.4	0.69	27.0	0.60	23.3	0.69	20.5	0.79
Impaired ADL (Mean)	46.1	51.7	0.89	48.9	0.94	51.0	0.90	49.3	0.94
Psychological Problems	41.9	52.9	0.79	55.5	0.76	53.9	0.78	54.0	0.78
Nursing Care Required (Mean)	6.9	7.2	0.95	6.8	1.01	7.2	0.95	7.2	0.95